

KP

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

JUAN FLORES

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

16-cv-2707  
Judge Thomas M. Durkin  
Magistrate Judge Sheila Finnegan  
PC8

COOK COUNTY

DEPARTMENT OF

CORRECTIONS

(THOMAS DART)

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

RECEIVED

FEB 29 2016 EAG

2-29-16

THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

**I. Plaintiff(s):**

- A. Name: JUAN FLORES
- B. List all aliases: NONE
- C. Prisoner identification number: 20150504229
- D. Place of present confinement: COOK COUNTY JAIL
- E. Address: 2750 S. CALIFORNIA AVE

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: COOK COUNTY JAIL (THOMAS DART)  
Title: JAILER  
Place of Employment: 2750 S. CALIFORNIA AVE.
- B. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_
- C. Defendant: \_\_\_\_\_  
Title: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

## (PROFILE INFORMATION FORM)

1) NAME: JUAN JOSE FLORES  
(FIRST) (MIDDLE) (LAST)

2) ANY CURRENT/PRIOR  
PRISON ID NUMBER(S): NONE

NAME OF PRISON(S): NONE

3) JAIL ID NUMBER(S): 20150504229

NAME OF JAIL(S): COOK COUNTY JAIL

4) DATE OF BIRTH: 12-29-70

5) HOME ADDRESS (DO NOT USE P.O. BOX) (NOT INSTITUTION ADDRESS)

STREET NAME AND NUMBER: 2453 1ST AVE. UNIT 204

CITY, STATE AND ZIP CODE: RIVER GROVE IL. 60171

**IV. Statement of Claim:**

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON 12-24-15 AT APPROX-1:45 PM I, JUAN  
FLORES WAS DOING CLEAN-UP ON MY TIER  
3-A/DIV-10 WHEN I SLIPPED AND FELL.  
I HURT MY HAND(RIGHT), HIP, AND LOWER  
BACK. DEW TO MY FALL I REFRRACTURED  
MY RIGHT HAND, AND RIGHT SIDE OF HIP  
AND LOWER BACK DONT STOP HURTING.  
I AM HOLDING COOK COUNTY JAIL LIABLE  
FOR MY INJURIES DEW TO THE FACT THAT  
WORK ORDERS WERE SUBMITTED BY 1ST AND  
2ND SHIFT OFFICERS TO FIX A LEAK COMING  
FROM THE UTILITY CLOSET CIELING.



**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I AM ASKING FOR A \$1,000,000 DOLLARS IN  
PUNITIVE AND COMPENSATORY DAMAGES, AND PAIN  
AND SUFFERING.

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☒ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 7th day of JAN., 2016

Juan Flores

(Signature of plaintiff or plaintiffs)

JUAN FLORES

(Print name)

20150504229

(I.D. Number)

2750 S. CALIFORNIA

CHIC. IL. 60608

(Address)





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☐ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !** (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

FLORES

PRINT - FIRST NAME (Primer Nombre):

JUAN

INMATE BOOKING NUMBER (# de identificación del detenido)

20150504229

DIVISION (División):

10

LIVING UNIT (Unidad):

3-A

DATE (Fecha):

12-26-15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

12-24-15

TIME OF INCIDENT (Hora Del Incidente)

1:45 PM

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

3-A

ON ABOVE DATE AND TIME, I JUAN FLORES WAS WORKING IN DAYROOM AREA WHEN I SLIPPED AND FELL DUE TO A LEAKING CEILING IN UTILITY CLOSET THAT CAUSES WATER TO FLOOD DAYROOM AREA. I FRACTURED HAND AND HURT MY HIP AND BACK. THIS LEAK HAS BEEN GOING ON FOR 2 1/2 WEEKS. WORK ORDERS HAVE BEEN SUBMITTED BY 1ST AND SECOND SHIFT OFFICERS, BUT TO NO AVAIL.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

FOR IT TO BE FIXED AS SOON AS POSSIBLE BEFORE SOMEONE ELSE HURTS THEMSELVES.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información:)OFFICERS / FISHER 1ST SHIFT / 2ND SHIFT  
STATLER

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Juan Flores 12/26/15

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

R Hubbs

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

12-26-15

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:




**COOK COUNTY SHERIFF'S OFFICE**  
 (Oficina del Alguacil del Condado de Cook)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**  
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

N/A

**INMATE INFORMATION** (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Flores

INMATE FIRST NAME (Primer Nombre):

Juan

ID Number (# de identificación):

20150504229

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

D70-Facilities Management Repair

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

Facilities Management

DATE REFERRED:

12/28/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

TALKED TO MR. FLORES AND ALSO CHECKED THE UTILITY CLOSET WATER LEAK HAS BEEN FIX

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Sgt Villanueva 3045

SIGNATURE:

Sgt Villanueva 3045

DIV. / DEPT.

Admin

DATE:

1/5/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

Juan Flores

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

01/14/16

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

 ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
 ¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

☐

No

☐

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelacion):





(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !** (! Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

FLORES

JUAN

20150504229

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

10

3-A

1-8-16

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

1-8-16

11:00 PM

STROGERS HOSP.

I SUPPOSE TO GET SOME TYPE OF PHYSICAL THERAPY. I ALSO REQUESTED FOR A CANE BECAUSE OF THE PAIN ON HIP AND LOWER BACK, BUT TO NO AVAIL. MY HAND STILL BOTHERS ME AND HURTS. ALL OF THIS BECAUSE I FELL IN WATER PUDDLE FROM A LEAK IN UTILITY CLOSET ON 3-A WHICH WORK ORDERS WERE SUBMITTED BY 1ST AND 2ND SHIFT OFFICERS THAT TOOK 2 1/2 WEEKS TO FIX.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

FOR BETTER MEDICAL ATTENTION!

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Juan Flores 1-8-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

R. H. H. H. H.

[Signature]

01-17-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:





(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

**! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !** (¡ Para ser llenado solo por el personal de Inmate Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☒ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

FLORES

PRINT - FIRST NAME (Primer Nombre):

JUAN

INMATE BOOKING NUMBER (# de identificación del detenido)

20150504229

DIVISION (División):

10

LIVING UNIT (Unidad):

3-A

DATE (Fecha):

1-14-16

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

1-14-16

TIME OF INCIDENT (Hora Del Incidente)

APPROX - 1:45 PM

SPECIFIC LOCATION OF INCIDENT (Lugar Específico Del Incidente)

3-A DIV 10 DAYROOM

DUE TO A LEAK FROM UTILITY ROOM THAT CAUSED A PUDDLE OF WATER TO FORM IN DAYROOM AREA I SLIPPED AND FELL HURT MY RIGHT HAND FRACTURE, ALSO HIP AND LOWER BACK I NEED CONTROL # FROM FIRST GRIEVANCE OF INCIDENT THAT OCCURED ON 12-24-15 AT 1:45 PM.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I NEED GRIEVANCE CONTROL # FROM INCIDENT

THANK YOU

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Juan Flores 1-14-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

R. Hubbs

SIGNATURE:

(Signature)

DATE CRW/PLATOON COUNSELOR RECEIVED:

01-17-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



**COOK COUNTY SHERIFF'S OFFICE**

(Oficina del Alguacil del Condado de Cook)

**INMATE GRIEVANCE RESPONSE / APPEAL FORM**

(Petición de Queja del Preso / Respuesta / Forma de Apelación)



GRIEVANCE



NON-GRIEVANCE (REQUEST)

CONTROL #

2016 0394

**INMATE INFORMATION** (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Flores

INMATE FIRST NAME (Primer Nombre):

Juan

ID Number (# de identificación):

20150504222

**GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE**

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200-Medical treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

01/27/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Physical therapy scheduled for January 27th for case. You are scheduled for PCC on Jan 28th and discussion at that time.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Susan Shebel

SIGNATURE:

Susan Shebel

DIV. / DEPT.

DATE:

1/21/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

/ /

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

Juan Flores

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

2/5/16

**INMATE'S REQUEST FOR AN APPEAL** (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

**ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?**

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)



No



ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decisión o recomendación por parte del administrador o su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

/ /

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelación):

/ /





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Aguacil del Condado de Cook)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

2016-0397

## INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Flores

INMATE FIRST NAME (Primer Nombre):

Juan

ID Number (# de Identificación):

2015-0504229

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

070 - Facility Repair

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

Div. 10 - Supt

DATE REFERRED:

01/25/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

GRIEVANCE ANSWERED ON 1-5-16 CERM HAS BEEN  
REPAIRED.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

17 Bona

SIGNATURE:

DIV./DEPT.

10

DATE:

2/2/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

+ Juan Flores

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

+ 2/10/16

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

- \* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.
- \* Las apelaciones tendrán que ser sometidas dentro del los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?  
(¿Apelación del detenido aceptada por el administrador o/su designado(a)?)

Yes (Si)

No

☐☐

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

ADMINISTRATOR/DESIGNEE (Administrador o/su Designado(a):)

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE  
(Fecha en que el preso recibió respuesta a su apelación):